

## **UNITED STATES DISTRICT COURT**

NORTHERN DISTRICT OF ILLINOIS 219 SOUTH DEARBORN STREET CHICAGO, ILLINOIS 60604

CLERK 312-435-5670

June 10, 2008

Devon C. Bruce Powers, Rogers & Smith 70 West Madison Street - Suite 5500 Chicago, IL 60602

Re: Hills et al v. Baxter Healthcare Corp.

Case No.: 08C3329

Dear Counselor:

The records of this office indicate that on 06/09/08 a notice of removal pursuant to 28 USC 1441 et seq. was filed with this court in connection with the above referenced matter. The notice lists the circuit court case number as 2008 - L-004483. The documents filed with the notice of removal list you as counsel for the plaintiff.

The purpose of this letter is to inform you that the Local General Rules of this Court require that an appearance form be filed by an attorney who intends to represent a party in any proceeding before this Court. For your convenience, a copy of this form is enclosed.

In completing the appearance form, please note that the Clerk's Office provides notice pursuant to Rule 77(d) of the Federal Rules of Procedure <u>only</u> to the attorney shown in box (A) of the appearance form.

Sincerely yours,

Michael W. Dobbins, Clerk

By: <u>/s/ Thelma Murry-Sykes</u> Deputy Clerk 

## U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

| In the Matter of  | Case Number:                     |
|---|----------------------------------|
|   |                                  |
|   |                                  |
| AN APPEARANCE IS HEREBY FILED BY  | THE UNDERSIGNED AS ATTORNEY FOR: |
|   |                                  |
|   |                                  |
| NAME (Type or print)  |                                  |
| SIGNATURE (Use electronic signature if the appearance form is filed electronically) |                                  |
| s/<br>FIRM  |                                  |
| FIRIVI  |                                  |
| STREET ADDRESS  |                                  |
| CITY/STATE/ZIP  |                                  |
| ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)  | TELEPHONE NUMBER                 |
| ARE YOU ACTING AS LEAD COUNSEL IN THIS CA   | ASE? YES NO                      |
| ARE YOU ACTING AS LOCAL COUNSEL IN THIS   | CASE? YES NO                     |
| ARE YOU A MEMBER OF THIS COURT'S TRIAL B.   | AR? YES NO                       |
| IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES NO              |                                  |
| IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.         |                                  |
| RETAINED COUNSEL APPOINTED COUNSEL  |                                  |